

Foster Family Home - Corrective Action Report

Provider ID: 1-170002

Home Name: Rowena R. Agustin, LPN

Review ID: 1-170002-5

98-241 Hale Momi Place

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/13/2019

Foster Family Home Required Certificate

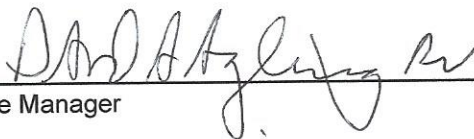
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and


Comment:

Home inspection for a 2 person CCFFH recertification made on 11/13/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager

11/13/19
Date


Primary Care Giver

11/13/19
Date